

# OAAS LOC/POC QUALITY REVIEW TOOL INSTRUCTIONS

## COMPONENT 1: LOC QUALITY REVIEW

- **Purpose:** For use as a review with the *OAAS Quality Review Tool* to ensure correct process was followed for Level of Care (LOC) determination, Minimum Data Set-Home Care (MDS-HC) administration, and Plan of Care (POC) completion.
- **Used when and by whom:**
  - Support Coordination Supervisors must perform entire POC packet audit prior to approving and submitting each POC.
  - OAAS Regional Office Monitors must perform the audit during the entire Support Coordination Monitoring POC record review and additionally, when warranted.
- **How:**
  - Gather the POC, MDS-HC, and MDS-HC Notebook.
  - **Review the documents to determine whether the assessor followed the audit evaluation process correctly as described below in sections I. through V.**
  - **Use the *Quality Review Tool* to document all instances in which the assessor did not follow correct process.** (The tool aligns with the instructions below).
  - Remediate all incorrect findings.
- **Transitioning out of a Nursing Facility to HCBS:**
  - Individuals leaving a nursing facility are deemed, by their presence in the nursing facility, to meet the nursing facility level of care and imminent risk eligibility criteria.
  - LOCET screening is not required for transition out of a nursing facility to an HCBS program.
  - MDS-HC assessment is performed not for LOC determination, but to assure the individual can safely transition and plan for development of an individualized plan of care.
  - Refer to Level of Care Eligibility Manual, Section 9.2 Transitioning Out of a Nursing Facility to HCBS.
- **Transitioning from HCBS Program To HCBS Program:**
  - Refer to Level of Care Eligibility Manual, Section 9.1 Transitioning From One HCBS Program to Another HCBS Program.

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## **I. Level of Care Determination**

### **A. Indicate which Pathway(s) of Eligibility were met:**

Activities of Daily Living (ADL) PW and/or Cognitive Performance PW and/or Behavior PW

1. If Yes, proceed to II.1. Level of Care pathway of eligibility had been met. If none of the above pathways were met proceed to Step B: Degree of Difficulty Questions (DDQ) Protocol.

### **B. Application of Degree of Difficulty Questions (DDQ)**

1. The DDQ process allows for individuals who may not have had the benefit of another person's assistance during the specified look-back period, to be evaluated based on his/her level of difficulty in completion of the ADLs. The DDQ process takes into consideration the degree of difficulty that an individual may be experiencing in completion of the ADLs PW.

DO NOT USE the DDQs for determining ADL pathway eligibility unless:

There is a score of "0" (Independent) on any of the four (4) late-loss ADLs (Bed Mobility, Transferring, Toilet Use or Eating) and you have determined that the person is experiencing some degree of difficulty in completion of that ADL(s).

An individual must score at least a "3", Limited Assistance, or greater on the late-loss ADLs of Bed Mobility, Transferring, and Toilet Use, or at least a "4", Extensive Assistance, or greater on the late-loss ADL of Eating in order to trigger the ADL pathway on the MDS-HC. If this does not occur, the individual will not trigger ADL PW.

### **Initial MDS-HC Assessment Application of DDQ:**

- If the initial MDS-HC did not trigger ADL PW, Cognitive Performance PW, and/or Behavior PW then the DDQ process must be applied.
- The individual must have a score of "0" (Independent) on any of the four (4) late-loss ADLs (Bed Mobility, Transferring, Toilet Use or Eating) and you have determined that there are circumstances that caused the person to have difficulty in self-performance of those late-loss ADLs.
- At the conclusion of the MDS-HC assessment, you will return to Section H.2. of the MDS-HC only if you have determined through observation and/or participant/ caregiver statements as applicable, there are circumstances that cause the person to have difficulty in the self-performance of those late-loss ADLs, where he scored "0" (Independent).
  - Examples: He/she becomes short of breath upon excretion, fatigues easily, has fallen during his/her attempts to perform the ADL, experiences pain that interferes with the safe performance, or completion of the ADL.

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## Annual Reassessments, Status Change, Follow up Application of DDQ:

- The DDQ criteria for meeting LOC on the ADL pathway must not to be routinely applied on MDS-HC reassessments unless the individual meets the following criteria:
  - The individual does not score at least a “3” (Limited Assistance, or greater) on any late-loss ADLs of Bed Mobility, Transferring, or Toilet Use, OR scored less than a “4” (Extensive Assistance) on the late-loss ADL of Eating.
  - The individual did not receive formal (paid) Home and Community-Based Supports (HCBS) during the 3 day ADL look-back period **due to extenuating circumstances out of his/her control** (e.g., Direct Service Worker did not show up as care planned); **AND**
  - You determine that the individual is experiencing difficulty in self- performance of one or more of the four late-loss ADLs coded as “0”, Independent, in Section H.2. of the MDS-HC Reassessment.
- If the individual does not meet the ADL LOC pathway via application of the DDQs, or the assessor determines that the individual does not meet the criteria for application of the DDQ he/she must proceed to determine if the individual is eligible for Service Dependency PW.

## **Documentation of the Degree of Difficulty Questions (DDQ)**

2. If the individual meets the DDQ criteria the support coordinator/assessor **must document in the MDS-HC electronic Notebook that the individual has met the ADL LOC pathway per application of the DDQs (Refer to the DDQ Questions).**
3. The extenuating circumstances that lead to use of DDQs and the documentation supporting the degree of difficulty response must be clearly documented in the MDS-HC electronic Notebook in order for the person to meet the ADL pathway criteria via application of the DDQS.
  - You must document in the MDS-HC electronic Notebook observations/comments on which you based your decision to use the DDQs. You must also document the person’s response to the DDQs.
  - **DO NOT CHANGE** the original ADL score of “0”, Independent, for the late-loss ADLs where DDQs are applied (Leave as it was originally scored). The documentation in the MDS-HC electronic Notebook will provide the verification that LOC was met on the ADL pathway by application of the DDQ process.
  - Individuals who meet the LOC eligibility criteria via application of the DDQ process will be determined to meet LT-PCS Programmatic criteria. LT-PCS program criteria met via application of DDQs must also be documented in the MDS-HC electronic Notebook. Refer to Level of Care Eligibility Manual, Sections 8.6.

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## **Degree of Difficulty Questions**

- If “0” is scored in either bed mobility, eating, transferring, and/or toilet use, **and** the DDQ criteria as described above are met, ask the following DDQs as applicable:
  - *Do you have trouble with:*
    - a) **positioning yourself in bed** (including moving to and from lying position, turning from side to side, and positioning body while in bed);
    - b) **eating** (including taking in food by any method, including tube feeding - how person actually consumes food - excludes meal preparation);
    - c) **transferring** from one surface to another (including moving to and between surfaces – to/from bed, chair wheelchair, standing position – excludes to/from bath/toilet);
    - d) **using the toilet** (including using the toilet or commode, bedpan, urinal, transferring on/off the toilet, cleaning self after toilet use or incontinent episode, changing pad, managing special devices required (ostomy or catheter), and adjusting clothes.
- **Ask these questions individually for each of the late-loss ADLs where the person has scored a “0”, Independent, and where you determined the person is experiencing some degree of difficulty in completing that ADL.**
- If the response is “Yes” – ask “How hard is it for you to do?”

**A little difficulty**

**A lot of difficulty**

A response of “A little difficulty” will indicate the person is getting the ADL done, but may have some pain, weakness or must compensate by using an assistive device to steady self.

A response of “A lot of difficulty” will indicate the person meets the LOC ADL pathway via application of the DDQs. The person is getting ADLs done but with marked pain or fails to complete all subtasks of the ADL most of the time, or completes the ADL in an extended period of time because of medical limitations (shortness of breath, falls due to unsteady gait).

4. If the individual does not meet the ADL LOC pathway via application of the DDQs, or the assessor determines that the individual does not meet the criteria for application of the DDQ he/she must document in the MDS-HC electronic Notebook observations/comments on which you based your decision.

If the individual being assessed is undergoing an MDS-HC Initial Assessment and does not meet LOC eligibility criteria, the assessor must use Table 1 to rule out or rule in the possibility of the individual meeting LOC criteria for the following pathways:

- Physician Involvement
- Treatments and conditions
- Skilled Rehabilitation Therapies

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If the individual being assessed is undergoing an MDS-HC Reassessment (Annual, Follow Up or Status Change) and failed to meet DDQ criteria, the reviewer must determine if the individual is eligible for the Service Dependency PW.

### **C. Explore criteria for Service Dependency Pathway:**

Refer to Level of Care Eligibility Manual, Section 5.4 Service Dependency Pathway and Section 7.4 Review of the Service Dependency Pathway.

Used only for Annual/Reassessments, not initial assessments. To identify individuals who are currently enrolled and receiving services prior to 12/01/2006 with no break in service to the present day. Service Dependency Pathway is used to qualify individuals who meet criteria if no other pathway of eligibility is met.

1. SC will have to contact OAAS RO to verify approval for services prior to 12/01/2006, with no break in services. If the participant continues to meet LOC based on Service Dependency Pathway, document in the MDS-HC electronic Notebook, "LOC is met under Service Dependency Pathway."
2. Document in the MDS-HC electronic Notebook whether or not Pathway was met and list supporting documentation. If Service Dependency Pathway is met proceed to II.1.

### **D. Explore criteria for Physician Involvement Pathway:**

Refer to Level of Care Eligibility Manual, Section 5.5 Physician Involvement Pathway.

1. Evaluate/investigate whether there is acceptable, medical supporting documentation such as the appropriate form designated by OAAS to document the individual's medical status and condition, the hospital discharge summary, OT/PT notes, or Home Health – Form 485-486 which verifies that the individual meets one of the below:
  - a) One day of MD visits AND at least four new order changes, both occurring in the last 14 days;
  - b) At least two days of MD visits AND at least two new order changes, both occurring in the last 14 days.
2. Document in the Notebook whether or not Pathway was met and list supporting documentation.

### **E. Explore criteria for Treatments and Conditions Pathway:**

Refer to Level of Care Eligibility Manual, Section 5.6 Treatments and Conditions Pathway.

The intent of this Pathway is to identify individuals with **unstable medical conditions** that may be affecting his/her ability to care for himself/herself. The Treatments and conditions PW is not

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met if the conditions have been resolved, or they no longer affect functioning or the need for care.

1. Evaluate/investigate whether there is acceptable, medical supporting documentation such as the appropriate form designated by OAAS to document the individual's medical status and condition, the hospital discharge summary, OT/PT notes, or Home Health – Form 485-486 which verifies that the individual meets one of the below:
  - i. Stage 3-4 pressure sores in the last 14 days
  - ii. Intravenous feedings in the last 7 days
  - iii. Intravenous medications (IV) in the last 14 days
  - iv. **Daily** tracheostomy care, **daily** respirator/ventilator usage, or **daily** suctioning in the last 14 days
  - v. Pneumonia within the last 14 days and has associated IADL /ADL needs or restorative nursing care needs
  - vi. **Daily** respiratory therapy in the last 14 days (includes use of inhalers, heated nebulizers, postural drainage, deep breathing, aerosol treatments, and mechanical ventilation which must be provided by a qualified professional. Does not include hand held medication dispensers).
  - vii. **Daily** insulin injections with **two or more** order changes in the last 14 days: supporting documentation shall be required for the daily insulin usage **and** the required order changes
  - viii. Peritoneal or hemodialysis in last 14 days.
2. Document in the MDS-HC electronic Notebook whether or not Treatments and Conditions PW was met and list supporting documentation.

### **F. Explore criteria for Skilled Rehabilitation Therapies Pathway**

Refer to Level of Care Eligibility Manual, Section 5.7 Skilled Rehabilitation Therapies Pathway.

1. Evaluate/investigate whether there is acceptable, medical supporting documentation such as the appropriate form designated by OAAS to document the individual's medical status and condition, the hospital discharge summary, OT/PT notes, or Home Health – Form 485-486 which verifies that the individual meets one of the below:
  - a) At least 45 minutes of active Physical Therapy, Occupational Therapy and/or Speech therapy given in the last 7 days;
  - b) At least 45 minutes of active Physical Therapy, Occupational Therapy and/or Speech therapy scheduled for the next 7 days.
2. Document in the MDS-HC electronic Notebook whether or not Pathway was met and list supporting documentation.

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## **II. Complete: MDS-HC is completed**

1. Fill in every field with item, letter, and/or number in all required fields. Example: the middle initial is not a required field. Example: the middle initial is not a required field.

### **Finding Examples:**

- MDS-HC Section CC. Referral Items (Complete at intake only), field 7. Prior NH Placement field was left blank.
- MDS-HC Section R. Assessor Information fields 1.a. Signature of Assessment coordinator; 1.b. Title of Assessment Coordinator, and 1.c. Date Assessment Coordinator signed as complete left blank.

## **III. Correct: MDS-HC is performed according to guidelines**

1. Use accurate information and observations:
  - For look back periods (i.e. look at last 3 days for ADLs, except bathing which is in the last 7 days, or unless otherwise specified such as 30 days, 90 days, etc.)
  - During visit / telephone calls
  - Home Health, therapy, or service provider paper work in home

a. ADL measures what person actually did or was not able to do within each ADL category; measures performance. Does not measure what was done for the individual.

b. IADL measures the ability to do task; what could they do regardless of current involvement with informal support. Look at the entire process; including all tasks / subtasks.
2. Check documentation in the MDS-HC Notebook and the POC to verify correctness.

### **Finding Examples:**

- MDS-HC Section P.3. Identified the use of oxygen that was partially managed by others. There were no informal supports identified in the MDS-HC and the MDS-HC electronic Notebook. The POC identified informal supports.
- MDS-HC Notebook documented participant walked 2 hours to his appointment and made 3 trips to the store, but MDS-HC coding identified participant received assistance with locomotion.

## **IV. Coding: MDS-HC is correctly coded**

1. Accurately coded the MDS-HC scales and assessment data according to guidelines.

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### Finding Examples:

- Section P. Service Utilization (in last 7 days): Two (2) Treatments, Therapies, Programs only included care provided “in the home or on an outpatient basis”, not hospital or nursing home. This information is collected elsewhere.
- Section P. 2. c – All Other Respiratory Treatments: were administered by a qualified professional in the home, not self/family. There should be documentation in the MDS-HC electronic Notebook identifying the prescribed treatment. This does not include use of inhalers.

## V. Correlation: MDS-HC correlates to MDS-HC Notebook entries, POC, and other sections of the MDS-HC

1.
  - a. Do all sections of the MDS-HC match?
  - b. Does review of the entire MDS-HC paint a mental picture of the individual?
  - c. Does the MDS-HC match the MDS-HC Notebook?
  - d. Does the MDS-HC match the POC?
  - e. Does the mental picture make sense? If correlation does not make sense, question the accuracy in coding.

### Examples of Correct Correlation:

- No cognitive impairments, received oxygen 24 hours, able to manage oxygen on own, health conditions included shortness of breath, and diagnoses included emphysema/COPD/asthma.
- Limited assistance with transfer and toileting, informal support available, continent of bladder and bowel, one fall (MDS-HC Notebook documented tripped on rug which was removed), ambulated with walker in and out of house, diagnoses included stroke with paralysis and participant received home health skilled nurse and physical therapy visits.

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### Examples of poor correlation that requires further investigation:

- Used walker to ambulate, but required extensive assistance with eating.
- Restraints identified, but no informal support and lives alone.



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- Severely impaired cognitive status, but no informal support.
- Supervision with upper dressing and required maximum assistance with feeding.
- MDS-HC Section G. Informal Support Services identified that care giver resided with participant. MDS-HC Notebook documented caregiver lived over an hour away. POC identified participant lived alone. The MDS-HC assessment, MDS-HC Notebook, and the POC supports should ALL match.
- MDS-HC Section G. Informal Support identified 2 care givers that did not provide ADL/IADL. MDS-HC Notebook documented that the daughters were no longer available to provide ADL/IADL. POC identified 6 days a week of services and that the daughters were available to assist on some occasions.

### COMPONENT 2: POC Quality Review Tool

- **Purpose:** The *OAAS POC Quality Review Tool* is utilized to ensure that the POC is complete and it documents appropriate strategies to address identified needs and risks. The reviewer compares the Minimum Data Set-Home Care (MDS-HC) and other assessment information along with the completed POC. This tool provides the RO staff and SC supervisors with a structured, comprehensive method to effectively assess the plan of care for completeness and quality. CAPs (Four Categories: Clinical; Cognitive/Mental Health; Physical/Functional; and Social Life), SC Monitoring Review Elements ,and OAAS Performance Measures form the foundation for the Quality of Content Review
- **Used when and by whom:**
  - Support Coordination Supervisors must review and approve the POC prior to submission.
  - OAAS Regional Office staff perform the POC Quality Review during Annual Support Coordination Monitoring and when warranted.

#### **1. All required demographic sections of the POC have been completed:**

**Review Sections A. -D.** of the POC to verify that all sections have been completed correctly.

#### **2. The Participant Profile clearly summarizes the participant's status in each of the four categories:**

**Review Section E.** of the POC to determine whether the participant's status has been clearly summarized in two to three sentences per category and correlates with the information found in the assessment.

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**3. All components of the Clinical Issues Category are comprehensive and correct:**

**Review the Clinical Issues Category** to determine the following:

- Triggered CAPs are identified.
- Related CAPs are identified.
- Short term goals are identified.
- Long term goals are identified.
- All needed assistance/interventions are identified.
- Documented assistance/interventions take into consideration the participant's likes and preferences.
- Family/Informal supports are identified in amount, frequency, and duration they are available and include any recommendations.
- Formal services are identified in the amount, frequency, duration and type, and include any recommendations.
- **The combination of formal and informal supports described in the POC address all identified needs.**
- Personal goals and preferences are addressed.
- Community resources and services that meet the participant's needs as identified.

**4. All components of the Cognitive/Mental Health Issues Category are comprehensive and correct:**

See number three.

**5. All components of the Physical/Functional Issues Category are comprehensive and correct:**

See number three.

**6. All components of the Social Life Issues Category are comprehensive and correct:**

See number three.

**7. Flexible Schedule is completed correctly:**

**Review Section G.** of the POC to determine whether the flexible schedule is correct.

**8. Budget Worksheet is completed correctly:**

**Review Section H.** of the POC to determine whether the budget is completed correctly.

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- 9. All required persons have signed verifying participation in the planning process:**

**Review Section I.** to determine whether the required persons have signed.  
Review Cognitive Performance Scale to determine whether a Responsible Representative signature is required.
- 10. Applicant/Participant Acknowledgement is signed by the appropriate person:**

**Review Cognitive Performance Scale** to determine whether a Responsible Representative signature is required in Section J.
- 11. Plan of Care Action section is completed correctly:**

Review Section K. to determine whether it is completed correctly.
- 12. Notice of Approval and Fair Hearing Rights is completed correctly.**

**Review Section L.** to determine whether is completely correctly.
- 13. The POC includes evidence that the participant's needs for Medication Administration and Health-Related Tasks have been identified with strategies developed to meet those needs.**

Refer to the *OAAS Medication Administration and Health-Related Tasks Planning Reference Guide* to determine whether the POC includes the required information.
- 14. The POC includes evidence that the participant's risk factors have been identified and strategies developed to mitigate those risks.**

Refer to the *Community Choices Waiver Risk Assessment & Referral Screening Tool* to determine whether the POC includes the required information.
- 15. The POC includes evidence that the participant's CIRs for the past year have been assessed and strategies developed to prevent recurrence.**

Refer to the *OAAS CIR Analysis and Risk Assessment Planning Reference Guide* to determine whether the POC includes the required information.

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**16. The Emergency Preparedness Planning & Agreement Form identifies responsible parties and their roles with appropriate signatures indicating agreement.**

Review the *Emergency Preparedness Planning & Agreement Form* to determine whether:

- The participant's emergency preparedness and response plan identify responsible parties and their roles, functions, and responsibilities for immediate implementation in the event of a natural disaster or other emergency.
- There is evidence that persons responsible for implementing the emergency preparedness and response plan have been fully informed and agree to carry out their identified roles, functions, and responsibilities as evidenced by their signature.

**17. The Individualized Back-up Staffing Plan & Agreement Form identifies responsible parties and their roles with appropriate signatures indicating agreement.**

Review the *Individualized Back-Up Staffing Plan & Agreement Form* to determine whether:

- The participant's written back-up plan identifies responsible parties and their roles, functions, and responsibilities for immediate implementation in the event that a service worker cannot work when Scheduled
- There is evidence that persons responsible for implementing the back-up plan have been informed and agree to carry out their identified roles, functions, and responsibilities

**18. Date approved POC mailed to participant and applicable providers:**

**Enter the date** that the POC was mailed to participant and applicable providers.